## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2017 FORM APPROVED OMB\_NO. 0938-0391

	1				<u> </u>	<u>, 0000-009</u>
STATEMENT OF DEFIC ANO PLAN OF CORRE		(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETEO
		495362	B. WING_	·	02	C 2 <b>/02/20</b> 17
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COO		
ASHLAND NURS	ING AND REH	IABILITATION	:	906 THOMPSON STREET ASHLAND, VA 23005	-	
	CH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IOENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP OEFICIENCY)	HOULD BE	IX5) COMPLETION OATE

F 280 483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO SS=D PARTICIPATE PLANNING CARE-REVISE CP

483,10

- (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:
- (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.
- (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.
- (iv) The right to receive the services and/or items included in the plan of care.
- (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.
- (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must--
- (i) Facilitate the inclusion of the resident and/or resident representative.
- (ii) Include an assessment of the resident's strengths and needs.
- (iii) Incorporate the resident's personal and cultural preferences in developing goals of care.

F 280

Ashland Nursing and Rehabilitation Facility are filing this plan of correction for purposes of regulatory compliance. The facility is submitting this plan of correction to comply with the applicable law. The submission of the plan of correction does not represent an admission or statement of agreement with respect to the alleged deficiencies.

RECEIVED

FEB 21 2017

VDH/OLC

F280D

- 1. Resident #3 is no longer resides at this facility.
- 2. All residents have the potential to be affected by this deficient practice. The facility will conduct a 100% audit of all Care plans of residents with wounds and any areas of concern will be corrected immediately.
- 3. The MDS coordinators will be educated on the Policy and procedures of accurate care planning. (b) MDS coordinator will audit ten random care plans weekly x 4weeks for and then 5 random care plans weekly x 4 weeks to ensure compliance
- 4. All findings will be reviewed at The Quality Assurance Performance Improvement (QAPI) meeting monthly to ensure current plan is working as written.

Completion Date: 3-9-2017

ABORATORY DIRECTOR'S OR PROVIOER/SUPPLIER RE	EPRESENTATIVE'S SIGNATURE	/ TITLE	
The state of the s	- INCOLMINITURE -	/ TITLĘ	/ IX6) OATE
$(i \mathcal{L} \wedge \wedge$		NUMBER OF A LANGE	
		) Y  /1 <sup>2</sup> 1/N/  W-101/10/51	M-17\/ /19\1/ 1
	/ NELLOTIVE L	ノい・レクロ オモルロロロコ	u(100 - 2 u)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

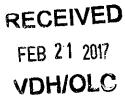
	to restriction att	C WEDIO ID OLITVIOLO				DINIR MC	<u>).</u> 0938-0391	
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1		E CONSTRUCTION		(X3) OATE SURVEY COMPLETEO	
		495362	B. WING	;		02	C 2/02/2017	
NAME OF F	PROVIOER OR SUPPLIER			ST	REET AOORESS, CITY, STATE, ZIP COOE			
ASHLAN	D NURSING AND REA	HABILITATION		90	6 THOMPSON STREET			
				A:	SHLAND, VA 23005			
(X4) IO	SUMMARY STA	TEMENT OF DEFICIENCIES			PROVIOER'S PLAN OF CORRECTI			
PREFIX		MUST BE PRECEOEO BY FULL	IO PREFI	IV .	(EACH CORRECTIVE ACTION SHOUL		(X5)	
TAG		SC IOENTIFYING INFORMATION)	TAG		CROSS-REFERENCEO TO THE APPRO		COMPLETION DATE	
		,	1710		OEFICIENCY)	FNAIL	5,112	
							<u>_</u>	
F 280	Continued From page	ge 1	F 2	วลด				
	'	6		200				
	100.01							
	483.21							
	(b) Comprehensive	Care Plans						
	` ' '							
	(2) A comprehensive	o care plan must be				•		
	(2) A comprehensive	e care plan most be-						
	(i) Developed within	7 days after completion of						
	the comprehensive	assessment.						
	•							
	(ii) Proposed by on it	ntardicainlines, to an that						
		nterdisciplinary team, that						
	includes but is not li	mited to					Ì	
	(A) The attending ph	nvsician.						
	( , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	(D) A registered pur	no with responsibility for the						
		se with responsibility for the						
	resident.						ŀ	
	(C) A nurse aide with	h responsibility for the						
	resident.	Trooperiole into the					i	
	resident.							
	(D) A member of foc	od and nutrition services staff.			•			
	(F) To the extent are	acticable, the participation of						
	the resident and the	resident's representative(s).						
	An explanation must	t be included in a resident's					•	
		participation of the resident						
		presentative is determined						
		e development of the						
	resident's care plan.							
	(F) Other appropriate	e staff or professionals in						
	disciplines as determ	olpod by the sest					1	
		nined by the resident's needs						
	or as requested by th	ne resident.						
	(iii) Reviewed and re	vised by the interdisciplinary					1	
		essment, including both the					ļ	
	comprehensive and	quarterly review					ŀ	
	assessments.							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event IO: PLLK11

Facility IO: VA0008

If continuation sheet Page 2 of 21



PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICA	RE & MEDICAID SERVICES				0. 0938-0391
STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING	(X3) OA	TE SURVEY MPLETEO
	495362	B. WING			C
NAME OF PROVIOER OR SUPPL ASHLAND NURSING AND	ER		STREET AOORESS, CITY, STATE, ZIP C	02 OOE	2/02/2017
PREFIX (EACH OEFICIE	STATEMENT OF OEFICIENCIES NCY MUST BE PRECEOEO BY FULL OR LSC IOENTIFYING INFORMATION)	IO PREFI TAG		SHOULO BE	IX5) COMPLETION DATE
by: Based on staff i review, clinical re complaint invest the facility staff f comprehensive residents in the s  The facility staff comprehensive residents in the s  The facility staff comprehensive resident from rehensive resident from resid	MENT is not met as evidenced interview, facility document ecord review and in the course of igation, it was determined that ailed to review and revised the care plan for one of three survey sample, Resident #3.  failed to update Resident #3's care plan on 12/23/16 after they ew pressure ulcers.  ude;  admitted to the facility on gnoses that included, but were neer, anemia (low red blood cell artery disease (heart disease), ure, kidney failure, wound zures. Resident #3 was the facility on 1/13/17.  at recent MDS (minimum data ission assessment with an ARD erence date) of 11/24/16.  coded as a 13 out of a possible iterview for Mental Status g that the resident was  Section M, (Skin Conditions), #3 as having two Stage 3* and three unstageable* pressure		280		

FORM CMS-2567(02-99) Previous Versions Obsolele

(centimeters) x 5.5 x < (less than) 0.1. 100 %

Event IO: PLLK11

Facility IO: VA0008

If continuation sheet Page 3 of 21

RECEIVED
FEB 21 2017
VDH/OLC

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DAT	E SURVEY PLETED
	495362	B. WING			00/0047
NAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REF	ABILITATION .		STREET ADDRESS, CITY, STATE, ZIP O 906 THOMPSON STREET ASHLAND, VA 23005	ODE 1 02/	02/2017
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COME (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	JX5J COMPLETION DATE
light serous (pale ye Left hip wound meas slough (a yellow, crewound bed) (abbrevodor. Stage II (2) (L) pink tissue."  A review of Resident plan dated 11/17/20 following documenta assessment) 16. The integrity Scab (sic) a (unstageable) Right knee, r/t (related to) incontinence, fragile Cardiovascular diseas Initiated: 11/19/2016 There were no new refollowing 11/30/2016 interventions document of the formulation of the formulation of the word with LPN a floor nurse. LPN # responsible for updat LPN #2 stated, "The #2 was asked what see was found. LPN #2 manager and they up write it on the wound do that for all new find On 2/2/17 at 10:00 at conducted with LPN #3 was asked who up new findings. LPN #	area (abbreviation for with) allow body fluid) drainage. sures 1.0 X 1.0 x 0.1, 100 % eamy tissue found on the iation for without) drainage or buttock 1.0 x 2.9 x 0.1 100%  t #3's comprehensive care forevealed, in part, the ation; "Focus: CAA (care area he resident has impaired skin hrea of right great toe, UTS inner knee, UTS left inner history of pressure ulcers, skin, allergies, edema. ase. Impaired Mobility. Date by Revision on: 11/30/2016." revisions documented by There were no new ented following 11/19/16.  There were no new ented following 11/19/16.  There was asked who was (licensed practical nurse) #2, the would do if a new wound estated, "I would notify the unit odate it (the care plan) or I sheet of the care plan. We dings."	F 2	80		

FORM CMS-2567(02-99] Previous Versions Obsolete

do if a new wound was found. LPN #3 stated, "I

Event ID: PLLK11

Facility ID: VA0008

If continuation sheet Page 4 of 21

RECEIVED
FEB 21 2017
VDH/OLC

PRINTED: 02/09/2017

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORI OMB NO	M APPROVED <u>O. 0938-0</u> 391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		LE CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		495362	B. WING	;		0:	C 2/02/2017
	PROVIOER OR SUPPLIER  ID NURSING AND REF	HABILITATION		ξ	STREET ADDRESS, CITY, STATE, ZIP CODE 206 THOMPSON STREET ASHLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN DF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	would place the new an intervention. All computer so I would and document."  On 2/2/17 at 11:20 a with LPN #1, the MI asked who was invoplans for the resider IDT (interdisciplinary MDS coordinators) MDS assessments of clinical services), staff may update." It care plans were upothere is a paper care that, but most are in the computer and upreview Resident #3's asked whether or now as updated with the found on 12/23/16. not updated on his (LPN #1 was asked whould have been upfound on 12/23/16.	wound on the care plan with the care plans are on the dijust go into the computer an interview was conducted DS coordinator. LPN #1 was olved in updating the care nts. LPN #1 stated, "It is an y team) process. We (the update the care plans with the schedule. The DCS (director may update, and the floor LPN #1 was asked how the dated. LPN #1 stated, "If e plan they would update on the computer and they go on odder." LPN #1 was asked to scare plan. LPN #1 was of Resident #3's care plan e new wounds that were LPN #1 stated, "No they were Resident #3's) care plan." whether or not the care plan oddated to include the wounds LPN #1 stated, "Yes, the d the wounds should have		280			
	On 2/2/17 ASM (adn the administrator, AS and ASM #4, the reg services were made A policy for updating	ninistrative staff member) #1, SM #2, the director of nursing, gional director of clinical aware of the above findings. care plans was requested at yas provided prior to the end					

FORM CMS-2567(02-99) Previous Versions Obsolele

the end of the survey process.

No further documentation was provided prior to

Event ID: PLLK11

Facility ID: VA0008

If continuation sheet Page 5 of 21

RECEIVED FEB 21 2017 VDH/OLC

PRINTED: 02/09/2017

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FOR!	M APPROVED <u>). 0938-03</u> 91
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	(X3) DA	TE SURVEY
		495362	B. WING			0.5	C
	PROVIDER OR SUPPLIER  D NURSING AND RE	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005	1 02	2/02/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 280	Continued From pa	ige 5	F2	280			
	following website: http://www.npuap.o clinical-resources/n tegories/ Pressure Ulcer Stag Category/Stage I: N Intact skin with non- localized area usua Darkly pigmented s blanching; its color surrounding area. T soft, warmer or coo tissue. Category I m individuals with dark risk" persons. Category/Stage II: F Partial thickness los shallow open ulcer without slough. May open/ruptured serur filled blister. Present ulcer without slough should not be used to burns, incontinence maceration or excor *Bruising indicates of Category/Stage III: F Full thickness tissue be visible but bone, exposed. Slough ma obscure the depth of undermining and tun Category/Stage III pi	lon-blanchable erythema -blanchable redness of a lly over a bony prominence. kin may not have visible may differ from the he area may be painful, firm, ler as compared to adjacent hay be difficult to detect in a skin tones. May indicate "at  Partial thickness is of dermis presenting as a with a red pink wound bed, also present as an intact or in-filled or sero-sanguinous to as a shiny or dry shallow or bruising*. This category to describe skin tears, tape associated dermatitis, iation.					

FORM CMS-2567(02-99) Previous Versions Obsolete

occiput and malleolus do not have (adipose)

Event ID: PLLK11

Facility ID: VA0008

If continuation sheet Page 6 of 21

RECEIVED

FEB 21 2017

VDH/OLC

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEPOISEMENT AND PLAY OF CORRECTION  AS PLAY OF CORRECTION  A SULDING  B. WING  STREET ADDRESS, CITY, STATE, 2IP CODE  908 THOMPSON STREET  ASHLAND NURSING AND REHABILITATION  REAL SUMMARY STATE MENT OF DEFICIENCIES  (EACH DEPOISEMENT WINST BE PRECEDED BY FILL)  PREFIX TAR  FEGULATORY ORLES (DERTEMENT OF DEFICIENCIES)  IL PROVIDERS PLAND FOORRECTION  REGULATORY ORLES (DERTEMENT BENEFICED BY FILL)  REGULATORY ORLES (DERTEMENT BENEFICED BY FILL)  IL DEFECTION OF THE APPROPRIATE  BY PREFIX PROVIDERS PLAND FOORRECTION  FEGULATORY ORLES (DERTEMENT BENEFICED BY FILL)  REGULATORY ORLES (DERTEMENT		C MEDIONID OLIVIOLO	<del></del>	<u> </u>	<u> </u>
NAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION  KA) D  SIMMARY STATEMENT OF DEPICIENCIES  RECUMPTON STREET  ASHLAND, VA 23005  (KA) D  SIMMARY STATEMENT OF DEPICIENCIES  ASHLAND, VA 23005  SIMMARY STATEMENT OF DEPICIENCIES  ASHLAND, VA 23005  FRED  FRED  TAG  FREDVOIDERS PLAN OF CORRECTION  RECULATORY OR LASC IDENTIFYING INFORMATION)  FRED  FRED  TAG  TAG  FREDVOIDERS PLAN OF CORRECTION  FREDVOIDERS PLAN OF CORRECTION  FRED  FRED  FREDVOIDERS PLAN OF CORRECTION  FREDVOIDERS  FREDVOIDERS PLAN OF CORRECTION  FREDVOIDERS PLAN OF CORRECTION  FREDVOIDERS  FREDVOIDERS PLAN OF CORRECTION  FREDVOIDERS  FREDVOIDERS PLAN OF CORRECTION  FREDVOIDERS  FREDVOIDERS  FREDVOIDERS  FREDVOIDERS  FREDVOIDERS  FREDVOIDERS  FREDVOIDERS  FREDVOIDERS  FREDVOIDER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			
MAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION    XS   ID   SUMMARY STATEMENT OF DEFICIENCIES   906 THOMPSON STREET ASHLAND, VA 23005     PREFIX   REGULATORY OR SEE DEFICIENCY MUST BE PRECEDED BY FULL   TAG   PREFIX   REGULATORY OR SEE DEFICIENCY MUST BE PRECEDED BY FULL   TAG   PREFIX   REGULATORY OR SEE DEFICIENCY MUST BE PRECEDED BY FULL   TAG   PREFIX   REGULATORY OR SEE DEFICIENCY MUST BE PRECEDED BY FULL   TAG   PREFIX   REGULATORY OR SEE DEFICIENCY MOST BE PRECEDED BY FULL   TAG   PREFIX   REGULATORY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DEFICIENCY   TAG   DEFICIENCY					
ASHLAND NURSING AND REHABILITATION  SIMMARY STATE MENT OF DESCRIPTION  REGULATORY ORLSC IDENTIFYING INFORMATION)  F 280  Continued From page 6 subcultaneous tissue and Category/Stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure ulcers. Bone/fendon is not visible or directly palpable.  Category/Stage IV: Full thickness tissue loss Full tinchness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunneling. The depth of a Category/Stage IV pressure ulcers can be shallow. Category/Stage IV pressure ulcers can be shallow. Category/Stage IV pressure ulcers can be shallow. Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV pressure ulcer varies by anatomical coation. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV ulcers can be shallow. Category/Stage IV pressure ulcer varies by anatomical coation. The bridge of the nose ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV pressure ulcer varies by anatomical coation. The bridge of the nose ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV palpable.  Additional Categories/Stages for the USA  Unstageable/Unclassified: Full thickness skin or tissue loss - depth unknown  Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green or brown) and/or eschar are removed to expose the base of the wound, the true depth cannot be determined, but it will be either a Category/Stage III or IV. Stable (dry, adherent, intact without erythema or fluctuationeo) eschar on the heals serves as "the body's		495362	B. WING		
RACH CARD RECEIVED   RECEIVED   RECEIVED   RECEIVED RECEIVED   RECEIVED R	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	)E
IX.9 ID PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION)  FRED CANDERS AND PROPERTY OR LISC IDENTIFYING INFORMATION)  FREGULATORY OR LISC IDENTIFYING INFORMATION)  F 280 Continued From page 6 subcutaneous tissue and Category/Stage III ulcers can be shallow. In contrast, areas of significant adjposity can develop extremely deep Category/Stage III pressure ulcers. Bonertendon is not visible or directly palpable.  Category/Stage III pressure ulcers. Bonertendon is not visible or directly palpable.  Category/Stage IV. Full thickness tissue loss Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunneling. The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subculaneous tissue and these ulcers can be shallow. Category/Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis or ostelitis likely to occur. Exposed bone/muscle is visible or directly palpable.  Additional Categories/Stages for the USA Unstageable/Unclassified: Full thickness skin or tissue loss - depth unknown Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green or brown) and/or eschar are removed to expose the base of the wound, the true depth cannot be determined; but it will be either a Category/Stage III or IV. Stable (dry, adherent, intact without erythem a of fluctuance) eschar on the heels serves as "the body's natural (bloigical) cover" and should not be removed. Suspected Deep Tissue Injury - depth unknown Purple or maroon localized area of discolored intact skin or blood-filled bilster due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is	ASHLAND NURSING AND RE	HABILITATION		906 THOMPSON STREET	,
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F280  Continued From page 6 subcutaneous tissue and Category/Stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure ulcers. Bonerlendon is not visible or directly palpable. Category/Stage IV. Full thickness tissue loss Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelfits or osteitis likely to occur. Exposed bone/muscle is visible or directly palpable. Additional Categories/Stages for the USA Unstageable/Unclass fifed: Full thickness skin or tissue loss - depth unknown Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, the true depth cannot be determined, but it will be either a Category/Stage III or IV. Stable (dry, adherent, intact without erythems of fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed. Suspected Deep Tissue injury - depth unknown Purple or maroon localized area of discolored intact skin or blood-filled bister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is				ASHLAND, VA 23005	
subcutaneous tissue and Category/Stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure ulcers. Bone/tendon is not visible or directly palpable. Category/Stage IV: Full thickness tissue loss Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunneling. The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis or ostelitis likely to occur. Exposed bone/muscle is visible or directly palpable. Additional Categories/Stages for the USA Unstageable/Unclassified: Full thickness skin or tissue loss - depth unknown Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, the true depth cannot be determined; but it will be either a Category/Stage III or IV. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed. Suspected Deep Tissue Injury - depth unknown Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is	PRÉFIX (EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF	IX (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	HOULD BE COMPLETION
	subcutaneous tissu ulcers can be shalld significant adiposity Category/Stage III p is not visible or direct Category/Stage IV: Full thickness tissue tendon or muscle. Subcesser of the deption of the deption of the cannot have (adipose) states ulcers can be ulcers can extend in structures (e.g., fasomaking osteomyeliti Exposed bone/muscipalpable.  Additional Categorie Unstageable/Unclass tissue loss - depth u Full thickness tissue the ulcer is complete (yellow, tan, gray, grough slough and/expose the base of the cannot be determined Category/Stage III of intact without erythe the heels serves as (biological) cover and Suspected Deep Tis Purple or maroon locintact skin or blood-funderlying soft tissue The area may be presented to the similar of the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue The area may be presented to the significant skin or blood-funderlying soft tissue the significant skin or blo	e and Category/Stage III by. In contrast, areas of can develop extremely deep pressure ulcers. Bone/tendon citly palpable. Full thickness tissue loss e loss with exposed bone, Slough or eschar may be des undermining and n of a Category/Stage IV is by anatomical location. The ear, occiput and malleolus do subcutaneous tissue and shallow. Category/Stage IV ito muscle and/or supporting cia, tendon or joint capsule) is or osteitis likely to occur. cle is visible or directly es/Stages for the USA sified: Full thickness skin or nknown loss in which actual depth of ely obscured by slough een or brown) and/or eschar in the wound bed. Until or eschar are removed to the wound, the true depth ed; but it will be either a r IV. Stable (dry, adherent, ma or fluctuance) eschar on the body's natural and should not be removed. sue Injury - depth unknown calized area of discolored elled blister due to damage of erfom pressure and/or shear. ecceded by tissue that is	F	280	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PLLK11

Facility ID: VA0008

If continuation sheet Page 7 of 21

RECEIVED
FEB 21 2017

VDH/OLC

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		405260			С
NAME OF		495362	B. WIN		02/02/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAC	IX (EACH CORRECTIVE ACTION SHOULD	BE COMPLETION
SS=D	may be difficult to de skin tones. Evolution over a dark wound be evolve and become Evolution may be ra of tissue even with a 483.25(b)(1) TREAT PREVENT/HEAL PRE	ent tissue. Deep tissue injury etect in individuals with dark in may include a thin blister bed. The wound may further covered by thin eschar. Apid exposing additional layers optimal treatment.  IMENT/SVCS TO RESSURE SORES  Based on the essment of a resident, the that-  es care, consistent with reds of practice, to prevent does not develop pressure dividual's clinical condition may were unavoidable; and ressure ulcers receives that and services, consistent with reds of practice, to promote ction and prevent new ulcers  This not met as evidenced	F3 1. Re fol 2. Al thi oth pra 3. Ed cor or cor of doo in a 4. All Per cur	280  314  14D  sident #2 wounds were re-dressed dur lowing infection control practice. I residents with wounds have the potential of the second ser residents with wounds and did not idented the residents with infection control practices and pliance with infection control practices a any new areas. The DCS or designee we commentation 5x a week for three months to documentation.  findings will be reviewed at The Questionance Improvement (QAPI) meeting material plan is working as written.	wound care for ify any deficient aff on infection care. The DCS week to ensure and identification ill audit wound ensure accuracy ality Assurance
	During observed wou	und care the facility staff			:

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PLLK11

Facility ID: VA0008

If continuation sheet Page B of 2t

FEB 21 2017 VDH/OLC

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

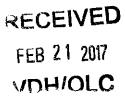
CENTE	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES				OMB NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING			C
	PROVIDER OR SUPPLIER  ID NURSING AND RE			STRE	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET ILAND, VA 23005	02/02/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE	DBF COMPLETION
F 314	The findings included Resident #2 was an 9/12/16 with a read diagnoses that included anemia (low red bloop pressure, diabetes, speaking), pressure to move below the contract of the resident 2's most reset) was a quarterly (assessment reference) Resident #2 was un	t Resident #3's open wounds tact with dirty materials.  e;  dmitted to the facility on mission on 11/4/16 with ided, but were not limited to, od cell count), high blood aphasia (difficulty with iders, quadriplegia (inability chest).  ecent MDS (minimum data assessment with an ARD noce date) of 12/2/16.  able to respond to questions	F3	14	BEI IOENOT)	
	on the Brief Interview the staff assessment (two), indicating that impaired cognitively Conditions), coded I Stage 4* pressure upressure ulcer acquivers acquivers and the wound care approviding wound care gathered her supplied in Resident #2's root an absorbent paper the supplies on top of 1/4/ strength Dakins used to prevent and three separate medianto each cup to abs #4 stated that the or	w for Mental Status (BIMS), to coded Resident #2 as a "2 Resident #2 was severely Section M, (Skin Resident #2 as having one locers and one unstageable * ired.  PN (licensed practical nurse) nurse, was observed to Resident #2. LPN #4 as, cleaned the bedside table m with a bleach wipe, placed towel on the table and laid of the towel. LPN #4 poured ** (a brand name solution treat tissue infections) into cine cups and placed gauze orb the Dakins solution. LPN der for the wounds was to				
	dress with a "wet to Dakins solution. The	dry" dressing using the ee wound dressings were				

FORM CMS-2567(D2-99) Previous Versions Obsolele

EvenI ID: PLLK11

Facility ID: VA0008

If continuation sheet Page 9 of 21



PRINTED: 02/09/2017

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			(	HORI NA RIMC	M APPROVED <u>0. 0938-0</u> 391
	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUI A. BUILO		E CONSTRUCTION	(X3) OA	ATE SURVEY OMPLETED
		495362	B. WING	i		0.	C 2/02/2017
NAME OF I	PROVIOER OR SUPPLIER		•	S	TREET AOORESS, CITY, STATE, ZIP CODE		L/OZ/ZO   I
ASHI AN	ID NURSING AND REI	HARILITATION		90	06 THOMPSON STREET		
		- IADIGITATION		Α	SHLAND, VA 23005		
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCEO TO THE APPROPOSEFICIENCY)	O BE	IX5  COMPLETION DATE
F 314	Continued From pa	ae 9	· E :	, 314			
		anged; the left hip, right hip		)   <del>4</del>	•		
	and sacrum, LPN #	4 with the assistance of an					
	aide turned Resider	nt #2 over onto his left side,					
	the chuck beneath I	Resident #2 was observed to					
		rown substance in the area					
	directly beneath Re	sident #2's hip. The chuck					
	was not changed pr	ior to the wound dressing ing on the right hip was					
	removed the wound	was cleaned using a Dakins					
	soaked gauze. LPN	#4 measured the wound as					
		) x 8.1 cm x 1.7 cm with					
	undermining and tur	nneling present at 8 o'clock					
		clock face is used to orient					
	care givers to the lo	cation of the tunneling). The					:
		cribed by LPN #4 as a stage					
		h the edges defined and the yred with necrotic tissue					
		and slough present." After					
		cleansing the wound with the					
	Dakins soaked gauz	e, LPN #4 removed her					
		hands and put on a clean pair					,
		N#4 washed her hands, the					
		ng assistant) who was helping					
	heen covering Residen	t #2 took the sheet that had lent #2 and placed it over the					
	open wound I PN #4	4 returned to the patient's					
	right side and the CN	NA pulled the sheet back					ļ
	exposing Resident #	2's open wound area. LPN					
	#4 took clean Dakins	s soaked gauze and					
		ne gauze into the wound,					
		ne gauze under the edge of					
	the wound edge. As	LPN #4 packed the open					-
	touched the chuck b	dge of the soaked gauze strip eneath Resident #2. LPN #4					
		eneath Resident #2. LPN #4 e gauze into the wound, LPN					1
	#4 covered Resident	#2's right hip wound with a					

FORM CMS-2567(02-99) Previous Versions Obsolele

dry dressing, securing it into place. LPN #4 then proceeded to remove the dressing on the sacrum exposing a small open wound measuring 0.7 cm

EvenI IO: PLLK11

Facility IO: VA0008

If continuation sheet Page 10 of 21

RECEIVED FEB 21 2017 VDHIOLC

Resident #2 was considered clean. LPN #4 stated, "No it looks like it has drainage from his (Resident #2's) wounds. It is not clean." LPN #4 was asked whether or not the chuck should have been changed prior to changing the wound dressings. LPN #4 stated, "It is not a sterile technique but we should make sure that the area is clean." LPN #4 was asked if she was aware that the CNA assisting her had pulled the dirty sheet over Resident #2's exposed right hip wound and pulled the soiled chuck beneath Resident #2 over the open sacral wound, while she washed her hands. LPN #4 stated that she hadn't really noticed. LPN #4 was asked whether or not there was a concern with the CNA making contact with open wounds with items that were soiled. LPN #4

PRINTED: 02/09/2017

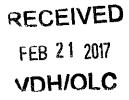
CENTERS FOR MEDICARI	& MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
	495362	B. WING		C 02/02/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ASHLAND NURSING AND RE	HABILITATION		906 THOMPSON STREET	
			ASHLAND, VA 23005	
PRÉFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 314 Continued From pa	age 10	F3	14	· ·
-	LPN #4 cleansed the area	1 0	14	
	ed gauze and Ihen stepped			
away to remove he	r gloves and wash her hands.			
As LPN #4 was at t	he sink, the CNA pulled the			
buttocks covering	Resident #2 up and over his the open sacral wound. When			
LPN #4 returned to	the bedside the CNA let the			
dirty chuck fall back	to the bed. LPN #4 packed			
the sacral wound w	ith the Dakins soaked gauze.			
placed and secured	a dry dressing to the area.			
Resident #2 was tul	rned over onto his right side Id address Resident #2's left			
	uck beneath Resident #2's left			
hip was noted to ha	ve an area that was soiled.			
The dressing on the	eleft hip was cleansed and			
dressed without inci	dent.			
Following the wound	d care LPN #4 was asked why			
	in area prior to changing			
Resident #2's woun	d dressings. LPN #4 stated,			
"To be sure that we	do not introduce anything into			
	d cause an infection." LPN #4			
was asked whether	or not the chuck beneath			

FORM CMS-2567(D2-99) Previous Versions Obsolete

Event ID: PLLK11

Facility ID: VA0008

If continuation sheet Page 11 of 21



PRINTED: 02/09/2017

CENTE		E & MEDICAID SERVICES			FORM APPROVED
		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) OATE SURVEY COMPLETEO
		495362	B. WING		C 02/02/2017
NAME OF	PROVIOER OR SUPPLIER			STREET AOORESS, CITY, STATE, Z	IP COOE
ASHLAN	ID NURSING AND RE			906 THOMPSON STREET ASHLAND, VA 23005	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES  MUST BE PRECEOEO BY FULL  SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIOER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCEO TO 1 OEFICIENC	FION SHOULO BE COMPLETION THE APPROPRIATE OATE
	stated that the wour contact with anythin asked whether or no gauze she used to go wound had come in chuck beneath their she had not noticed chuck. LPN #4 furth touched the soiled obacteria to get into the discounty of the soiled of the survey provided in the surve	and should not come into a while open. LPN #4 was not she had noticed that the back Resident #2's left hip to contact with the soiled resident. LPN #4 stated that that the gauze touched the her stated, "If the gauze chuck there is potential for he open wound."  with ASM (administrative staff ministrator, and ASM #2, the on 2/1/17 at 5:15 p.m. ASM are made aware of the above garding infection control was requested.  On was provided prior to the ocess.  as obtained from the gresources/educational-and-puap-pressure-ulcer-stagesca es/Categories on-blanchable redness of a yover a bony prominence. in may not have visible	F 3	1	

FORM CMS-2567(02-99) Previous Versions Obsolete

Category/Stage II: Partial thickness

Partial thickness loss of dermis presenting as a

Event IO: PLLK11

Facility IO: VA0008

If continuation sheet Page 12 of 21

RECEIVED

FE8 21 2017

ADH/OFC

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

SENTENS FOR MEDICARE					OMB N	<u>O. 0938-0</u> 391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
	495362	B. WING	;		n	C <b>2/02/2017</b>
NAME OF PROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		2/02/2011
ASHLAND NURSING AND REI	IARII ITATION		906	THOMPSON STREET		
			ASH	ILAND, VA 23005		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION OATE
without slough. May open/ruptured serur filled blister. Presenulcer without slough should not be used burns, incontinence maceration or excor *Bruising indicates of Category/Stage III: Full thickness tissue be visible but bone, exposed. Slough material obscure the depth of undermining and tun Category/Stage III pranatomical location. occiput and malleolus ubcutaneous tissue ulcers can be shallow significant adiposity of Category/Stage III pris not visible or direct Category/Stage IV: Full thickness tissue tendon or muscle. Slipresent. Often includ tunneling. The depth pressure ulcer varies bridge of the nose, eanot have (adipose) suthese ulcers can extend intestructures (e.g., fasci	with a red pink wound bed, also present as an intact or in-filled or sero-sanguinous as a shiny or dry shallow or bruising*. This category to describe skin tears, tape associated dermatitis, iation. Heep tissue injury.  Full thickness skin loss loss. Subcutaneous fat may tendon or muscles are not by be present but does not stissue loss. May include aneling. The depth of a ressure ulcer varies by The bridge of the nose, ear, is do not have (adipose) and Category/Stage III in contrast, areas of can develop extremely deep essure ulcers. Bone/tendon and category/Stage IV by anatomical location. The ear, occiput and malleolus do ubcutaneous tissue and shallow. Category/Stage IV or muscle and/or supporting and, tendon or joint capsule) or osteitis likely to occur.	. F:	314			
Unstageable/Unclass	ified: Full thickness skin or					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PLLK11

Facility ID: VA0008

If continuation sheel Page 13 of 21

RECEIVED

FEB 21 2017

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2017 FORM APPROVED OMB NO 0938-0301

		I G INCEDIO LE CENTVICEO				<u> NMR M(</u>	<u>). 0938-0</u> 391
	IT OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MU A. BUIL (		E CONSTRUCTION	(X3) OA	ATE SURVEY PMPLETEO
		495362	B. WING	·		0;	C 2/02/2017
	PROVIDER OR SUPPLIER  ND NURSING AND REI	HABILITATION		90	TREET AOORESS, CITY, STATE, ZIP COOE 06 THOMPSON STREET SHLAND, VA 23005	<u>,                                    </u>	10112011
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES ' MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROPERTION OFFICIENCY)	O BE	(X5) COMPLETION DATE
F 314	the ulcer is complet (yellow, tan, gray, g (tan, brown or black enough slough and/expose the base of cannot be determined Category/Stage III of intact without erythethe heels serves as (biological) cover" a Suspected Deep Tis Purple or maroon loginated skin or blood-funderlying soft tissu. The area may be propainful, firm, mushy, compared to adjace may be difficult to deskin tones. Evolution over a dark wound be evolve and become Evolution may be ray of tissue even with or the store of the skin tones.	unknown e loss in which actual depth of ely obscured by slough reen or brown) and/or eschar c) in the wound bed. Until or eschar are removed to the wound, the true depth ed; but it will be either a r IV. Stable (dry, adherent, ma or fluctuance) eschar on "the body's natural and should not be removed. Esue Injury - depth unknown calized area of discolored filled blister due to damage of the from pressure and/or shear. The body's natural as un injury - depth unknown calized area of discolored filled blister due to damage of the from pressure and/or shear. The december of the sure injury thect in individuals with dark a may include a thin blister ed. The wound may further covered by thin eschar, bid exposing additional layers	F	314			
F 514 \$S=D	http://www.webmd.co "s-solution/details, 483.70(i)(1)(5) RES	om/drugs/2/drug-62261/dakin	F 5	14			
	standards and practi	h accepted professional ces, the facility must ords on each resident that					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTIPLE CONSTRUCTION ILDING	(X3) DATE SURVEY COMPLETED				
			1 7. 50	ILDING	C				
		495362	B. WII	NG	02/02/2017				
NAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			PR	STREET ADDRESS, CITY, STATE, ZIP CODE  906 THOMPSON STREET  ASHLAND, VA 23005  ID PROVIDER'S PLAN OF CORRECTION (X: PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG CRDSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)					
F 514	Continued From pa	age 14	F	= 514					
	(i) Complete;			F514D					
	(ii) Accurately documented;								
	(iii) Readily access	ible; and	1. I	Resident #3 no longer resides in this faci	ility Recident 40				
	(iv) Systematically organized			treatment record has been updated and corrected. All residents who reside in this facility have the potential					
	<ul><li>(5) The medical record must contain-</li><li>(i) Sufficient information to identify the resident;</li><li>(ii) A record of the resident's assessments;</li><li>(iii) The comprehensive plan of care and services provided;</li></ul>		a	affected by this deficient practice. Records of residents with					
			ئ. b	wounds will be audited and any concerns will Education was provided to staff on infective or a compliance. A	ction control and				
			. d	are notes from licensed staff and the Woun	licensed staff and the Wound care M.D. was compliance and cohesiveness. The DCS or				
	(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;			ccuracy in documentation. The DCS or de vound documentation 5x a week for three recuracy in documentation	signee will andit				
	professional's prog	Physician's, nurse's, and other licensed essional's progress notes; and Laboratory, radiology and other diagnostic ices reports as required under §483.50.  REQUIREMENT is not met as evidenced sed on staff interview, clinical document ew and in the course of a complaint stigation, it was determined that the facility failed to maintain a complete and accurate rd for one of three residents in the survey ple, Resident #3.		all findings will be reviewed at The Querformance Improvement (QAPI) meeting nurrent plan is working as written	nonthly to ensure				
	services reports as This REQUIREMEN by: Based on staff inte review and in the coinvestigation, it was staff failed to maintarecord for one of this sample, Resident #			Completion Date: 3-9-2017					
i	The facility staff faild identify the location	ed to clearly and consistently of a wound that was found on							

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			•	OMB N	O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mui A. Buil.(		CONSTRUCTION	(X3) C	DATE SURVEY COMPLETED
		495362	B. WING				C 02/02/2017
NAME OF	PROVIDER OR SUPPLIER			\$T	REET ADDRESS, CITY, STATE, ZIP CODE		J2/02/20   1
ASHLAN	ID NURSING AND REI	HABILITATION			6 THOMPSON STREET SHLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BF	(X5) COMPLETION DATE
F 514	Resident #3 on 12/2 Resident #3 on 12/2 sacral wound, a left buttock wound. The the wound used the	23/16. A wound discovered on 23/16 was described as a buttock wound and a right etreatments and discussion of three areas interchangeably.	F 5	514			_
	11/17/16 with diagnorm not limited to, cance count), coronary arthing blood pressure infection and seizure discharged from the	mitted to the facility on oses that included, but were er, anemia (low red blood cell ery disease (heart disease), kidney failure, wound es. Resident #3 was facility on 1/13/17.					
	set) was an admissi (assessment referer Resident #3 was con 15 on the Brief Intern (BIMS), indicating th cognitively intact. Se coded Resident #3 a	ction M, (Skin Conditions), as having two Stage 3* three unstageable * pressure					
	in part, the following	: #3's clinical record revealed, nurse's notes written by LPN urse) #4, the wound care					
	Stage II (two) (L) but (measurements in ce "12/29/16 Clarificatio						

FORM CMS-2567(D2-99) Previous Versions Obsolele

Further review of Resident #3's clinical record

Event ID: PLLK11

Facility ID: VA0008

RECEIVED Page 16 of 21

FE8 21 2017

PRINTED: 02/09/2017

CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES					M APPROVED <u>D. 0938-0</u> 391
STATEMENT	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILO		(X3) OA	ATE SURVEY OMPLETEO	
		495362	B. WING		<del></del>	0:	C 2/02/2017
	PROVIOER OR SUPPLIER  ND NURSING AND REI			906	REET AOORESS, CITY, STATE, ZIP COOE 5 THOMPSON STREET 5HLAND, VA 23005	1	J/UZ/2011
(X4) IO PREFIX TAG	(EACH OEFICIENCY	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI) TAG	×	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	LOBE	(X5  COMPLETION DATE
F 514	revealed, in part, the entered by LPN #4; "12/23/16 Cleanse ((normal saline) approduct used for prewith dry dressing, cleanse (see PRN (as needed)).  A review of Residen revealed, in part, the "Present on Admiss 12/23/16. Location:  A review of Residen dated 1/2/17 revealed for 12/23/16; "Stage 3 ** Pressur Sacrum"  A review of Residen administration recorrevealed, in part, the nursing staff to sign day; "Cleanse (L) (left) bus antyl, cover with dry PRN."  On 2/2/17 at 11:25 a conducted with LPN LPN #4 was asked to describe where the version of the present the stage of the present the stage of the present the stage of the present the	ne following telephone orders (L) buttock wounds with NS oly santyl * (a brand name essure ulcer wounds), cover thange QD (each day) and  nt #3's pressure ulcer record e following entry for 12/23/16; sion (check marked "no") : (R) right medial sacrum."  nt #3's wound physician notes ed, in part, the following entry re Wound of the Medial  nt #3's TAR (treatment rd) dated 1/1/17 ~ 1/31/17 e following treatment entry for off as being completed each  uttock wound with NS. Apply ry dressing. Change QD and  a.m. an interview was I #4, the wound care nurse. to review her notes and wounds that were discovered cated on Resident #3. LPN	F 5	14			
	(Resident #2) had a was a stage 2. I don	wound on his left buttock that 't know why my pressure he medial sacrum; I just try to					į

make sure that my notes match the wound doctor's notes." LPN #4 was asked if the wound

PRINTED: 02/09/2017

<u>CENTE</u>	ERS FOR MEDICARE	E & MEDICAID SERVICES				FOF	RM APPROVED
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION	(X3) D	IO. 0938-0391 DATE SURVEY OMPLETED
		495362	B. WING	· ——		ا ر	C <b>)2/02/20</b> 17
	PROVIOER OR SUPPLIER  ND NURSING AND REF	HABILITATION		90	TREET AODRESS, CITY, STATE, ZIP CODE 06 THOMPSON STREET ISHLAND, VA 23005		12/02/20   1
(X4) IO PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	doctor saw Resident stated he did not, he Resident #2 on 1/2/ Resident #2 had a vhis buttock, LPN #4 was asked to explainurse's notes, the wpressure ulcer recommust have just used same site in an efformation (buttocks) are treating and charting.  On 2/2/17 at approx (administrative staff administrator, ASM and and increpancy in the discrepancy in the di	Int #2 on 12/23/16, LPN #4 Ine (the wound doctor) saw  /17. LPN #4 was asked if wound on both his sacrum and if stated he did not. LPN #4 In the discrepancy with the wound sheets and the ord. LPN #4 stated that she id different descriptors for the ort to be "on the same page" or. LPN #4 further stated, ie wound and it was on his ind that's what we were ig on."  ckimately 11:45 a.m. ASM if member) #1, the #2, the DON (director of if the regional director of if the regional director of if the heart that LPN #4 had in their research into Resident is ared that LPN #4 had ented the buttock wound as a hat Resident #2 only had a not a sacral wound.  On was provided prior to the rocess.  was obtained from the iscape.com/drug/santyl-collag or wound staging was	F 5	14			

http://www.npuap.org/resources/educational-and-

PRINTED: 02/09/2017 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	) U038-U304	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MUL A. BU(LD		CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		495362	B. W(NG			0:	C 2/ <b>02/2017</b>	
	PROVIDER OR SUPPLIER  ID NURSING AND RE	HABILITATION		906	REET ADDRESS, C(TY, STATE, Z(P CODE THOMPSON STREET HLAND, VA 23005		102/2017	
(X4) (D PREF(X TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC (DENT(FYING (NFORMATION)	(D PREF( TAG	x ·	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLET(ON OATE	
	Intact skin with non localized area usua Darkly pigmented s blanching; its color surrounding area. T soft, warmer or cootissue. Category I mindividuals with dark risk" persons. Category/Stage II: F Partial thickness loss shallow open ulcer without slough. May open/ruptured serur filled blister. Presenulcer without slough should not be used burns, incontinence maceration or excor "Bruising indicates of Category/Stage III: F Full thickness tissue be visible but bone, exposed. Slough ma obscure the depth of undermining and tur Category/Stage III panatomical location. occiput and malleolusubcutaneous tissue ulcers can be shallow significant adiposity. Category/Stage III pis not visible or direct Category/Stage IV: F	ges/Categories Inn-blanchable redness of a Illy over a bony prominence. kin may not have visible may differ from the the area may be painful, firm, ler as compared to adjacent hay be difficult to detect in a skin tones. May indicate "at  Partial thickness as of dermis presenting as a with a red pink wound bed, also present as an intact or in-filled or sero-sanguinous as a shiny or dry shallow or bruising*. This category to describe skin tears, tape associated dermatitis, iation. ILLEED TISSUE INJURY. Full thickness skin loss Illoss. Subcutaneous fat may tendon or muscles are not ay be present but does not f tissue loss. May include incling. The depth of a ressure ulcer varies by The bridge of the nose, ear, is do not have (adipose) and Category/Stage III w. In contrast, areas of can develop extremely deep ressure ulcers. Bone/tendon	F 5	14				

PRINTED: 02/09/2017

CENTERS FOR MEDICARE				FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495362	8. WING		C 02/02/2047
NAME OF PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP COL	02/02/2017 DE
ASHLAND NURSING AND RE		90	06 THOMPSON STREET SHLAND, VA 23005	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST 8E PRECEDED 8Y FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
present. Often inclutunneling. The dept pressure ulcer varie bridge of the nose, not have (adipose) these ulcers can extend ir structures (e.g., fas making osteomyelit Exposed bone/must palpable.  Additional Categorie Unstageable/Unclast issue loss - depth us Full thickness tissue the ulcer is complete (yellow, tan, gray, great (tan, brown or black enough slough and/expose the base of cannot be determined Category/Stage III of intact without erythe the heels serves as (biological) cover" and Suspected Deep Tis Purple or marbon loginated skin or blood-funderlying soft tissue. The area may be prepainful, firm, mushy, compared to adjacer may be difficult to deskin tones. Evolution over a dark wound be evolve and become of	Slough or eschar may be udes undermining and th of a Category/Stage IV es by anatomical location. The ear, occiput and malleolus do subcutaneous tissue and eshallow. Category/Stage IV nto muscle and/or supporting scia, tendon or joint capsule) tis or osteitis likely to occur. It is or osteitis l			

of tissue even with optimal treatment.

DEPARTM	ENT OF HEALTH	I AND HUMAN SERVICES		· ·	PRINTED: 02/09/2017
CENTERS	FOR MEDICARE	E & MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMENT OF AND PLAN OF C	DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495362	B. WING		C
NAME OF PRO	VIDER OR SUPPLIER		T	STREET ADDRESS, CITY, STATE, ZIP CODE	02/02/2017
ASHLAND N	IUR <b>SING AN</b> D REI	HABILITATION		906 THOMPSON STREET	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		ASHLAND, VA 23005	
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TD THE APPR DEFICIENCY)	ULD BE COMPLETION
				•	
					1
·					
		_		RECE	IVED
				FE8 21	2017
				1 1 2 4 1	ZUIf

ADH/OFC